

<i>SERFF Tracking Number:</i>	<i>WESA-125893337</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#31442 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-TK-08-47</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Technology Professional Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47</i>		

Filing at a Glance

Company: United States Liability Insurance Company

Product Name: Technology Professional SERFF Tr Num: WESA-125893337 State: Arkansas

Liability Product

TOI: 17.0 Other Liability-Occ/Claims Made SERFF Status: Closed State Tr Num: #31442 \$50

Sub-TOI: 17.0019 Professional Errors & Co Tr Num: PROF-TK-08-47 State Status: Fees verified and
Omissions Liability received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi, Edith
Roberts

Author: Westmont Associates Disposition Date: 12/02/2008

Date Submitted: 11/10/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New):

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

State Filing Description:

General Information

Project Name: Submission of New Endorsement - TK-238 (08-08)

Project Number: PROF-TK-08-47

Reference Organization: None

Reference Title: None

Filing Status Changed: 12/02/2008

State Status Changed: 12/02/2008

Corresponding Filing Tracking Number:

Filing Description:

Enclosed you will find the Company's Technology Professional Liability Product form addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please find enclosed the following endorsement for your review and approval:

Status of Filing in Domicile: Pending

Domicile Status Comments: Pending in PA

Reference Number: None

Advisory Org. Circular: None

Deemer Date:

SERFF Tracking Number: WESA-125893337 State: Arkansas

Filing Company: United States Liability Insurance Company State Tracking Number: #31442 \$50

Company Tracking Number: PROF-TK-08-47

TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability

Product Name: Technology Professional Liability Product

Project Name/Number: Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47

TK-238 (08-08) – Franchise Exclusion

This new form clarifies the Company's intent of coverage. There is no rating impact on any insured in your jurisdiction.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Company and Contact

Filing Contact Information

(This filing was made by a third party - westmontassociatesinc)

Wesley Pohler, AVP wes@westmontlaw.com
 25 Chestnut Street (856) 216-0220 [Phone]
 Haddonfield, NJ 08033 (856) 216-0303[FAX]

Filing Company Information

United States Liability Insurance Company	CoCode: 25895	State of Domicile: Pennsylvania
25 Chestnut Street	Group Code: 31	Company Type: Property and Casualty
Suite 105		
Haddonfield, NJ 08033	Group Name:	State ID Number:
(856) 216-0220 ext. [Phone]	FEIN Number: 23-1383313	

Filing Fees

Fee Required? Yes

Fee Amount: \$50.00

Retaliatory? No

Fee Explanation: \$50.00 filing fee

Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
United States Liability Insurance Company	\$0.00	11/10/2008	

SERFF Tracking Number: *WESA-125893337* *State:* *Arkansas*
Filing Company: *United States Liability Insurance Company* *State Tracking Number:* *#31442 \$50*
Company Tracking Number: *PROF-TK-08-47*
TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*
Product Name: *Technology Professional Liability Product*
Project Name/Number: *Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47*

CHECK NUMBER	CHECK AMOUNT	CHECK DATE
31442	\$50.00	11/10/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125893337</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#31442 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-TK-08-47</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Technology Professional Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	12/02/2008	12/02/2008

<i>SERFF Tracking Number:</i>	<i>WESA-125893337</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#31442 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-TK-08-47</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Technology Professional Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47</i>		

Disposition

Disposition Date: 12/02/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>WESA-125893337</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#31442 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-TK-08-47</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Technology Professional Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Letter of Authorization	Approved	Yes
Supporting Document	Cover Letter	Approved	Yes
Form	FRANCHISE EXCLUSION	Approved	Yes

SERFF Tracking Number: *WESA-125893337* *State:* *Arkansas*
Filing Company: *United States Liability Insurance Company* *State Tracking Number:* *#31442 \$50*
Company Tracking Number: *PROF-TK-08-47*
TOI: *17.0 Other Liability-Occ/Claims Made* *Sub-TOI:* *17.0019 Professional Errors & Omissions Liability*

Product Name: *Technology Professional Liability Product*
Project Name/Number: *Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47*

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	FRANCHISE EXCLUSION	TK-238	08 08	Endorseme New nt/Amendm ent/Condi tions		0.00	TK-238 (08-08).pdf

**UNITED STATES LIABILITY INSURANCE GROUP
WAYNE, PENNSYLVANIA**

This endorsement modifies insurance provided under the following:

TECHNOLOGY PROFESSIONAL LIABILITY

FRANCHISE EXCLUSION

It is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claims Expense** based upon, arising out of, directly or indirectly resulting from, or in consequence of any **Claim** in the form of a class action law suit, whether certified or not, asserted or filed against any **Insured**.

Furthermore, it is hereby agreed that the **Company** shall not be liable to make any payment for **Loss** or **Claims Expense** in connection with any **Claim**:

- 1) brought by any **Franchisor** or any other franchisee thereof against any **Insured**.
- 2) brought against any **Insured** based in whole or in part on the acts or omissions of a **Franchisor** or any other franchisee(s) thereof.

For purposes of this endorsement:

“**Franchisor**” means the person or entity under whose franchise agreement the **Insured** provides **Professional Services**.

All other terms and conditions of this Policy remain unchanged. This endorsement is a part of your Policy and takes effect on the effective date of your Policy unless another effective date is shown.

<i>SERFF Tracking Number:</i>	<i>WESA-125893337</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>United States Liability Insurance Company</i>	<i>State Tracking Number:</i>	<i>#31442 \$50</i>
<i>Company Tracking Number:</i>	<i>PROF-TK-08-47</i>		
<i>TOI:</i>	<i>17.0 Other Liability-Occ/Claims Made</i>	<i>Sub-TOI:</i>	<i>17.0019 Professional Errors & Omissions Liability</i>
<i>Product Name:</i>	<i>Technology Professional Liability Product</i>		
<i>Project Name/Number:</i>	<i>Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: WESA-125893337 State: Arkansas
Filing Company: United States Liability Insurance Company State Tracking Number: #31442 \$50
Company Tracking Number: PROF-TK-08-47
TOI: 17.0 Other Liability-Occ/Claims Made Sub-TOI: 17.0019 Professional Errors & Omissions Liability
Product Name: Technology Professional Liability Product
Project Name/Number: Submission of New Endorsement - TK-238 (08-08)/PROF-TK-08-47

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 12/02/2008

Comments:

Attached is the AR NAIC form.

Attachment:

NAIC_AR.pdf

Satisfied -Name: Letter of Authorization **Review Status:** Approved 12/02/2008

Comments:

Attached is the Letter of Authorization

Attachment:

Westmont Authorization Letter.pdf

Satisfied -Name: Cover Letter **Review Status:** Approved 12/02/2008

Comments:

Attached is the cover letter.

Attachment:

TK Letter.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
-----------------------------------	--

Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)

(Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #				
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

PC FFS-1

RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	
-----------	--	--

2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)	
-----------	---	--

☐ Rate Increase
 ☐ Rate Decrease
 ☐ Rate Neutral (0%)

3.	Filing Method (Prior Approval, File & Use, Flex Band, etc.)	
-----------	--	--

4a.	Rate Change by Company (As Proposed)
------------	---

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change (where required)	Minimum % Change (where required)

4b.	Rate Change by Company (As Accepted) For State Use Only
------------	--

Company Name	Overall % Indicated Change (when applicable)	Overall % Rate Impact	Written premium change for this program	# of policyholders affected for this program	Written premium for this program	Maximum % Change	Minimum % Change

5.	Overall Rate Information (Complete for Multiple Company Filings only)
-----------	--

		COMPANY USE	STATE USE
5a	Overall percentage rate indication (when applicable)		
5b	Overall percentage rate impact for this filing		
5c	Effect of Rate Filing – Written premium change for this program		
5d	Effect of Rate Filing – Number of policyholders affected		

6.	Overall percentage of last rate revision	
-----------	--	--

7.	Effective Date of last rate revision	
-----------	--------------------------------------	--

8.	Filing Method of Last filing (Prior Approval, File & Use, Flex Band, etc.)	
-----------	---	--

9.	Rule # or Page # Submitted for Review	Replacement or withdrawn?	Previous state filing number, if required by state
01		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
02		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	
03		<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn	



UNITED STATES LIABILITY INSURANCE GROUP

A BERKSHIRE HATHAWAY COMPANY

190 South Warner Road, P.O. Box 6700, Wayne, PA 19087-4391
610.688.2535 888.523.5545 Fax 610.688.4391

1/7/2008

RE: United States Liability Ins Company: NAIC #0031-25895 FEIN#23-1383313
Mount Vernon Fire Insurance Company NAIC #0031-26522 FEIN#23-1575334
U.S. Underwriters Insurance Company NAIC #0031-35416 FEIN#23-2049904

Dear Sir or Madam,

In accordance with the applicable statutes and regulations of your state, Nancy Stepanski and Westmont Associates, Inc. is hereby authorized to file form, rate and rule filings on behalf of the above captioned companies.

Sincerely,

Mark Miller
State Filings Manager
United States Liability Insurance Group
190 South Warner Road
Wayne, PA 19087-2191

1.888.523.5545 X586
Fax: 610.688.4391
mmiller@usli.com



WESTMONT ASSOCIATES, INC.

November 10, 2008

Commissioner of Insurance
Department of Insurance
Property and Casualty Division
Form Review Section

Attn: Property and Casualty Division

Re: **United States Liability Insurance Company/NAIC#25895**
Technology Professional Liability Product
Form Addendum Submission – New Endorsement
Company Filing Number: PROF-TK-08-47
Effective Date: Upon earliest possible approval

To Whom It May Concern:

Enclosed you will find the Company's Technology Professional Liability Product form addendum submission. A letter permitting Westmont Associates, Inc. to submit this filing on the Company's behalf is enclosed.

Please find enclosed the following endorsement for your review and approval:

➤ TK-238 (08-08) – Franchise Exclusion

This new form clarifies the Company's intent of coverage. There is no rating impact on any insured in your jurisdiction.

Your approval and/or acknowledgement of this submission is respectfully requested, with the earliest permissible effective date. Thank you for your attention regarding this matter.

Respectfully Submitted,

Wesley Pohler

Wesley Pohler
Assistant Vice President
wes@westmontlaw.com

Enclosures

Cc: M. Miller